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** CONTINUING DATA *****

AM 9/9/05

** FOREIGN APPLICATIONS *****

AUSTRIA A 1069/2002 07/16/2002

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/16/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	AUSTRIA	4	10	2
Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

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TITLE

Handle or angled member for dental tool

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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